

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		10/24/17	SAGAN FINA'NA' GUEN FINO' CHAMORU DAY CARE	
Follow-Up		RATING	Time In/Out:	OWNER/OPERATOR:	
Complaint			10:30AM - 11:10am	SAGAN FINA'NA' GUEN FINO' CHAMORU	
Investigation		A	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:			20000-170000536	DEDEDO	CCC/NURSERY
			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired		
No. of Children: 4 Male 13 Female 17 Total			Child Care License: No. 170162 Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

Received By (Name &amp; Title):

DEH Inspector (Name & Title):